

EXHIBIT D

WILLIAM SELMER, DDS
GEVAS v. McCANN

February 1, 2013

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IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

DAVID C. GEVAS,)	
Plaintiff,)	
-vs-)	No. 08 C 3074
TERRY McCANN, et al.,)	
Defendants.)	

The deposition of WILLIAM SELMER, DDS,
called for examination, taken pursuant to the Federal
Rules of Civil Procedure of the United States
District Courts pertaining to the taking of
depositions, taken before V. LINDA BOESCH, a Notary
Public within and for the County of DuPage, State of
Illinois, and a Certified Shorthand Reporter, CSR No.
84-3108, of said state, at Suite 5100, 111 South
Wacker Drive, Chicago, Illinois, on February 1, 2013,
at 11:08 a.m.

1 doesn't work all the time. So they may still
2 experience discomfort as you're trying to take the
3 tooth out.

4 Q. Got it. So what would you do in that
5 situation? You would -- instead of extracting a
6 tooth -- and you wouldn't perform endodontic therapy,
7 either, would you, right away on such a person?

8 A. Depends on the patient. Sometimes you
9 can but sometimes they can't even take that. It's
10 the same thing as if you're manipulating that tooth,
11 they are going to feel it.

12 Q. So you give them some medication to help
13 ease the terrible pain and tell them to come back
14 when they are not quite in such terrible pain?

15 A. That's one way of doing it. Or you can
16 say -- you can try to project saying that let's just
17 schedule you back in four days to take a look at it,
18 you know. Or you can say -- and you don't know if
19 it's definitive or not, let's give it a week. So you
20 never know. It depends on the patient.

21 Q. Ever seen a patient with an abscess and
22 excruciating pain and the pain just wouldn't go away?

23 A. Yes.

24 Q. How did you -- and when I say "pain

1 wouldn't go away," pain wouldn't go away until either
2 extraction or a root canal.

3 Have you ever seen a patient like that?

4 A. Yes.

5 Q. Okay. So in that situation, you still
6 have to do one of those, right; the root canal or the
7 extraction?

8 A. Yes.

9 Q. Okay. What would happen if you didn't to
10 that sort of patient? Could the pain go away? Would
11 you anticipate that the pain would go away?

12 A. It could. It's possible.

13 Q. Have you ever seen that happen?

14 A. No, I didn't. That would get me to being
15 specific to, basically, my patients and I can say
16 that it probably has happened, but I can't recall,
17 like, specifically who it happened to.

18 But I'm just saying being that there's a
19 whole gamut that runs when these situations occur, it
20 is possible that that can occur. Have I seen it
21 happen? I can't accurately say, "Well, I seen it
22 happen to two or three of my patients," but I'm sure
23 that it has happened because you treat patients
24 sometimes, you tell them just what's going on, and

1 acute apical periodontitis?

2 A. Nope.

3 Q. How is that different?

4 A. One is at the apex.

5 Q. And what is acute periodontitis? Where
6 is that?

7 A. Periodontitis involves -- you might as
8 well say the -- more in the gums, how the gums relate
9 to the bone, and it doesn't have anything to do with
10 the pulp of the tooth.

11 Q. So it's not that acute apical
12 periodontitis is a type of acute periodontitis. It's
13 a different condition altogether?

14 A. It's a different condition altogether.

15 Q. Okay. Is acute apical periodontitis,
16 aside from any directive, is that, in your dental
17 opinion, an emergency condition?

18 A. The symptoms make it that. He was in
19 pain. So I'm just saying pain, period, is -- for
20 persons in pain, it's an emergency.

21 Q. Okay. So he was in pain, he's got acute
22 apical periodontitis, and you prescribed to him?

23 A. "Pen VK 500 milligrams and Motrin
24 400 milligrams."

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1 Q. Okay. And it says, "next visit extract
2 No. 3"?

3 A. Yes.

4 Q. Does it say when that next visit is?

5 A. No.

6 Q. All right. On January 30th, 2007, having
7 made this diagnosis and recommended extraction at the
8 next visit, also prescribed this medication, when
9 would you expect that he should come back?

10 A. I wouldn't expect -- I can't --

11 Q. What would you have rescheduled him for?

12 A. Within that week I always try to say.
13 You know, give him time to try to finish the
14 medication and try to take it out.

15 Q. Do you recall scheduling him?

16 A. No.

17 Q. But you think, based on this, you would
18 have scheduled him within a week?

19 A. I would have scheduled him something that
20 would have fit that time frame. Like I said --

21 Q. Yeah, 8 to 10 days or whatever?

22 A. I definitely would have tried to get him
23 in there.

24 Q. Okay. And that would be reflected --

1 Q. Hmm. Interesting stuff.

2 Talk to me about the -- not the
3 appointment book. What was the other one?

4 MR. TJEPKEMA: Request.

5 BY THE WITNESS:

6 A. Request.

7 BY MR. DONOHO:

8 Q. Request Book. I forget. Did you ever
9 get requests yourself?

10 A. The requests come to the Dental
11 Department. Not specifically saying, Dr. Selmer,
12 this is a request for you. No, they come to the
13 department.

14 Q. And who actually physically receives
15 them, if not the dentist?

16 A. They come in the mailbox and whoever
17 is -- the mailbox in the medical records. Whoever is
18 over there, grabs them and brings them into the
19 office, and they get read and you see what the
20 problem is, you log it into the book. And everybody
21 kind of shared that responsibility.

22 Q. Including you?

23 A. Including me.

24 Q. The other dentists?

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1 A. Uh-huh. Assistants, too.

2 Q. And without that Request Book, you can't
3 really tell if any requests came in in February, for
4 example?

5 A. As of today, no.

6 Q. You don't recall any requests coming in
7 from Mr. Gevas?

8 A. I can't remember back that far.

9 Q. The next time you saw him after
10 January 30th, 2007, was June 5th, 2007?

11 A. Yes.

12 Q. According to these records?

13 A. Yes.

14 Q. Okay. Is it the case that he -- well,
15 this is not the case where he can just go see a
16 different dental office. He's only got your dental
17 office to go to, is that correct?

18 A. He has Stateville's dental office to go
19 to where I worked at. It wasn't my office.

20 Q. Thank you for clarifying. Okay. Just
21 that one office?

22 A. Yes.

23 Q. Okay. At any time -- well, here, let's
24 go back because we were talking about abscesses

1 extraction."

2 Do you see that?

3 A. Uh-huh.

4 Q. "Of this tooth at the next
5 visit but does not schedule the
6 patient for extraction until 3-28-09."

7 It's your testimony, however, as I
8 understand it, that based on what you saw in his
9 chart and what you're looking at at the X-ray, that
10 you probably did schedule him before that?

11 A. I'm sure I scheduled him before that.

12 Q. You're sure you did. Yeah, okay.

13 A. Just based upon how we did things
14 regularly there. I mean, we wouldn't leave anybody
15 hanging that long with something that they needed
16 done like that, so....

17 Q. Would you say that -- I keep losing this
18 wording -- acute apical periodontitis, would you say
19 that that is a

20 "Serious dental infection
21 which had the potential to spread
22 to the maxillary sinus or the deep
23 veins in the brain"?

24 A. Any infection has that potential.

1 Q. And that's what acute apical
2 periodontitis is?

3 A. I just said it's an infection, and any
4 infection has that potential.

5 Q. It is an infection. Acute apical
6 periodontitis, that's an infection?

7 A. Yes.

8 Q. Okay. Would you agree with the sentence
9 further down where it says, you know, he's assuming
10 that you didn't appoint him, but you don't have to
11 worry about that. You've already testified that you
12 probably would have.

13 But I just want to make sure whether you
14 agree with this. Would you agree that

15 "Failure to appoint his
16 patient within one week would
17 result in continuation of pain,
18 destruction of bone and gum tissue,
19 impair chewing, affect sleep, and
20 have the potential for very serious
21 infection in the body"?

22 A. I think I agree with some of it. You
23 know, like I said, any infection has -- in any
24 patient, it varies from person to person, so....

1 entry in the dental record from '05 involving Tooth
2 No. 3.

3 Is there an earlier note from 10-24-05
4 involving that tooth as well?

5 A. It is.

6 Q. And that would further support this was a
7 chronic condition?

8 A. Yes.

9 Q. With regard -- when you were at
10 Stateville, did you only provide service to what I'd
11 call Stateville proper, behind the wall I think is
12 how it's described as well, or did you also provide
13 service at the NRC?

14 A. Both, NRC and behind the wall.

15 Q. Okay. So you weren't there -- you
16 weren't behind the wall at Stateville every day?

17 A. No.

18 Q. If an inmate at Stateville was having
19 dental problems, is there a procedure for him to get
20 to be seen by the Dental Department?

21 A. He'd write a request, send the request
22 through the health care unit channels, then it gets
23 to the Dental Department.

24 Q. And then the Dental Department would

1 schedule an appointment for him to come in?

2 A. Yes.

3 Q. In your notes, there's no indication of
4 signs or symptoms of an infection, such as pus or
5 swelling, change in color or temperature.

6 If you had seen those things, would you
7 have indicated in your notes that they are present?

8 A. Yes.

9 Q. And since your notes don't indicate that,
10 does that mean you didn't see those things?

11 A. I didn't see it.

12 MR. TJEPKEMA: I don't have anything else.

13 FURTHER EXAMINATION

14 BY MR. DONOHO:

15 Q. Okay. Now very good. We should talk
16 about the 2005 entries. Thank you.

17 First of all, whose handwriting is that,
18 if you know?

19 A. Dr. Fishman.

20 Q. And that's the 10-24-05 entry?

21 A. Yes.

22 Q. Can you read his writing?

23 A. SOA. "Complaint of sensitivity No. 3."

24 Q. Wait. Slow down. I'm sorry.